

AMENDMENTS TO THE CLAIMS

Please amend Claim 43 as noted below.

1-42. (Cancelled)

43. (Currently Amended) A method of treating a patient, comprising the steps of:

providing a gastrointestinal sleeve, having a proximal end, a distal end, and a lumen extending therethrough;

transesophageally advancing the sleeve to position the proximal end adjacent an attachment site near the gastroesophageal junction;

advancing the distal end through the stomach and into the intestine; and

attaching the proximal end at the attachment site, such that the sleeve is configured to deliver food from the esophagus directly into the intestine;

wherein the attaching the proximal end step comprises using at least one tissue anchor having a proximal end and a distal end, the distal end of the tissue anchor configured to have a transversely reduced configuration for passing transmurally through the attachment site and a transversely enlarged configuration after passing transmurally through the attachment site, wherein the distal end of the tissue anchor includes a proximally facing surface which rests against a serosal surface to engage serosal tissue to retain the sleeve.

44. (Previously Presented) A method of treating a patient as in Claim 43, further comprising the additional step of implanting a support at the site, for linking the proximal end of the sleeve to the site.

45. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support is implanted in the same procedure as the sleeve.

46. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support is implanted in a first procedure and the sleeve is attached to the support in a second procedure.

47. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end at least as far as the ligament of Treitz.

48. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end distally of the duodenum.

49. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end into the jejunum.

50. (Previously Presented) A method of treating a patient as in Claim 43, wherein the attaching the proximal end step comprises using a suture.

51. (Cancelled)

52. (Previously Presented) A method of treating a patient as in Claim 43, wherein the tissue anchor comprises a "T" tag.

53. (Cancelled)

54. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support comprises a tubular cuff.

55. (Previously Presented) A method of treating a patient as in Claim 54, comprising attaching the cuff at the site with at least one transmural anchor.

56. (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 50 cm in length.

57. (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 75 cm in length.

58. (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 125 cm in length.

59. (Previously Presented) A method of treating a patient as in Claim 56, wherein the sleeve is sufficiently flexible that material traveling through the sleeve is influenced by the natural operation of the pylorus.

60. (Previously Presented) A method of treating a patient as in Claim 54, wherein the sleeve is removably attached to the cuff.

61. (Previously Presented) A method of treating a patient as in Claim 54, wherein the sleeve is permanently attached to the cuff.

62. (Withdrawn) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises everting the sleeve.

63. (Withdrawn) A method of treating a patient as in Claim 43, comprising advancing an introducer through the patient's pylorus.

64. (Withdrawn) A method of treating a patient as in Claim 63, comprising everting the sleeve from the introducer into the intestine.

65. (Withdrawn) A method of treating a patient as in Claim 43, wherein the method is accomplished using a purely peroral approach.

66. (Withdrawn) A method of treating a patient as in Claim 43, wherein the method is accomplished using a peroral approach assisted by a laparoscopic approach.

67. (Withdrawn) A method of treating a patient as in Claim 54, wherein the advancing the distal end step comprises everting the sleeve.

68. (Withdrawn) A method of treating a patient as in Claim 54, comprising advancing an introducer through the patient's pylorus.

69. (Withdrawn) A method of treating a patient as in Claim 68, comprising everting the sleeve from the introducer into the intestine.

70. (Withdrawn) A method of treating a patient as in Claim 54, wherein the method is accomplished using a purely peroral approach.

71. (Withdrawn) A method of treating a patient as in Claim 54, wherein the method is accomplished using a peroral approach assisted by a laparoscopic approach.

72. (Previously Presented) A method of treating a patient as in Claim 43, wherein the transversely enlarged configuration is achieved by expanding the anchor after passing through the serosal tissue.

73. (Previously Presented) A method of treating a patient as in Claim 43, wherein the transversely enlarged configuration is achieved by flexing a portion of the anchor after passing through the serosal tissue.

74. (Withdrawn) A method of treating a patient as in Claim 43, further comprising the step of visualizing the passage of ingested radiopaque material through the sleeve.

75. (Withdrawn) A method of treating a patient as in Claim 43, further comprising the step of applying antegrade tension on the sleeve by coupling the sleeve to peristaltic motion.